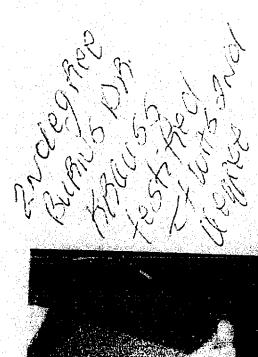
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Page 5 of 38 PRECTIONS Document 1-3 Filed 09/05/2007 CATEGORY: LOG NUMBER: 18. ADA INSTITUTION/PAROLE REGION: \*ASS157 STAFF TO REASONABLE MODIFICATION OR STATE OF CALIFORNIA WIVARIOUS TASKS ACCOMMODATION REQUEST NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES In processing this request, it will be verified that the inmate/parolee has a disability which is covered CDC 1824 (1/95) under the Americans With Disabilities Act. ASSIGNMENT CDC NUMBER In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability and the hearing of the provisions of the Americans With Disabilities and the hearing of the condens of the provision of the Americans with Disabilities and the hearing of the condens of the provision of the Americans with Disabilities and the hearing of the condens of the Americans with Disabilities and the hearing of the condens of the Americans with Disabilities and the hearing of the Disability with Disabilities and the hearing of the Disability with Disabilities and the hearing of the Disability with Disabilities and Disabilities and Disabilities are not the Disabilities and Disabilities are not the Disabilities and Disabilities and Disabilities are not the Disabilities and Disabilities and Disabilities are not the Disabilities are not the Disabilities and Disabilities are not the Disabilities are n shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or INMATE/PAROLEE'S NAME (PRINT) BEARINGER ANTHONY You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/Institution/facility, for which you are otherwise programs of a public entity, or be subjected to discrimination. Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered to the facility of the f within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you. If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form To proceed to SECOND LEVEL, attach this form to an inmate/Parolee Appeal Form (CDC 602) and complete section "F" constitutes a decision at the FIRST LEVEL of review. Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on of the appeal form. rendered on this request form. MODIFICATION OR ACCOMMODATION REQUESTED the CDC 602. Se An As at nisonales newtal handlicap OUR DISABILIT D D • 58 BA WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED? ગ -100 ਹ| NOTE: provide frames i DISPOS DATE SIGNED DELIVEDED EED 91 9007 TO ATECONY

DEPARTMENT OF CORRECTIONS

CATEGORY:

STATE OF CALIFORNIA

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST CDC 1824 (1/95) INSTITUTION PAROLE RE

O-07-00075

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

STAFF TO ASSIST W/VARIOUS TASKS

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)		CDC NUMBER	ASSIGNMENT	HOURS/WATCH	01-016
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JELIVERED FEB 2 I 2007 REASONABLE MODIFICATION OR ACCOMMODATION REQUEST CDC 1824 (1/95) 2 2 2 2 2 1 2 1 1 1 1 1 1 OATE SIGNED REVIEWER'S ACTION DATE ASSIGNED TO REVIEWER TYPE OF ADA ISSUE PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification) Auxiliary Aid or Device Requested X to Other Hosistance hunsteff for Respond we try bisic paper PHYSICAL ACCESS (requiring structural modification) DISCUSSION OF FINDINGS: CONTRACTOR OF THE PERSON OF TH , i 先起接口公司 7 等对心心的人物的 自私公司在总上签约 SET J KELLER and cl-Z407 DATE INMATE/PAROLEE WAS INTERVIEWED Seperson who conducted interview west per DISPOSITION the professional and the second of the secon **PARTIALLY GRANTED** GRANTED DENIED 体 (数) 翻翻 预加 भागम् । । । (०६० १०३) मध्य वर्गाम् । वर्गान TO TREAT OF SHEET BASIS OF DECISION: 20 CO CONTROL a year so hat sgreet with the verifican or (1) B. 高原网络电子 医三甲酚磺酚酚树树 医静脉静脉收解的 经证金额额 (1) the sign, July to the south of រស់រ **ស ១០០០ ដោយសម្រាស់ ស**ស្រាស់ មិ<u>ស្រាស់ខ</u> i on inta near ture o carel nuerou official of a public entity, of to alcondon to COCIMONAPINE ₩. 主体的设计技术 NOTE: If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time trames if appropriate.

DISPOSITION RENDERED BY (NAME)	PED ONTA BARIN VIGARY AND THE THE	INSTITUTION FACILITY PUBLIC PS 1
	APPROVAL	
ASSOCIATE WARDEN'S SIGNATURE	DATE SIGNED	

7 AW(AMGI) DATE RETURNED TO IMMATE/PAROLEE!

STATE OF CALIFORNIA

DEI 1ENT OF CORRECTIONS

MEDICAL REPOR OR UNUSUAL OCC					
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THIS SECTION FOR STAFF ONLY	NAME LAST	FIRST	BADGE#	RANK/CLASS	ASSIGNMENT/RDOs
THIS SECTION FOR VISITOR ONLY	NAME LAST	FIRST	MIDDLE	DOB	OCCUPATION
	HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE
PLACE OF OCCURRENCE	DATE/TIME OF OCCURI		S(ES)	····	
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Abrasion/Scratch Active Bleeding Broken Bone Bruise/Discolored Area Burn 2 Dislocation Dried Blood Fresh Tattoo Cut/Laceration/Slash O.C. Spray Area Pain Protrusion Puncture Reddened Area Skin Flap Swollen Area Other	VES / NO  1 2 3 4 5) 6 7 8 9 10 11 12 13 (14) 15 16 17 18	rances of the injury or unusual in S in call for land in land	vecciviis the	CUP ON H	t worth from the
O.C. SPRAY EXPOSURED DECONTAMINATED?	<b>}</b>		<b>\</b> \ \		
Self-decontamination instructions given?	YES/NO YES/NO	1 caderal	一	<b>)</b>	<i>}</i> }
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## INTERDISCIPLINARY NOTES

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Confidential Patient/Client Information See Welfare & Institutions Code Section 5328 & 4514 Case 4:07-cv-04598-CM Document 1-3 Filed 09/05/2007

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MH 5624 (Rev. 4/99)

Confidential Patient/Client Information See Welfare & Institutions Code Section 5328 & 4514 DMH-SYPP

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	DX, which is Schronflechire Drivinder Brister Type.
	He was alex somewhat agistated stressed. It
	reported that he wants to continue programming
	as he "reed help with his mental illness."
	He wanted to know if he would have a mental
	thress "all of my life" Discussed what it means
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	Recommended that pt considertly taxe his medica
	attend proup to learning coping skills to deal
	Management group). Informal by the Ball I have
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	to the = (is 11/1 8)
	AIP A constant
	to a live ages that he needs medication a therapy
P-	by cope. Well provide of the relevant literature exercin
	hope to Cope & Voices, relaxation techniques + prostive offirmations.
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Confidential Patient/Client Information See Welfare & Institutions Code Section 5328 & 4514 554DQ

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Department of Mental Health

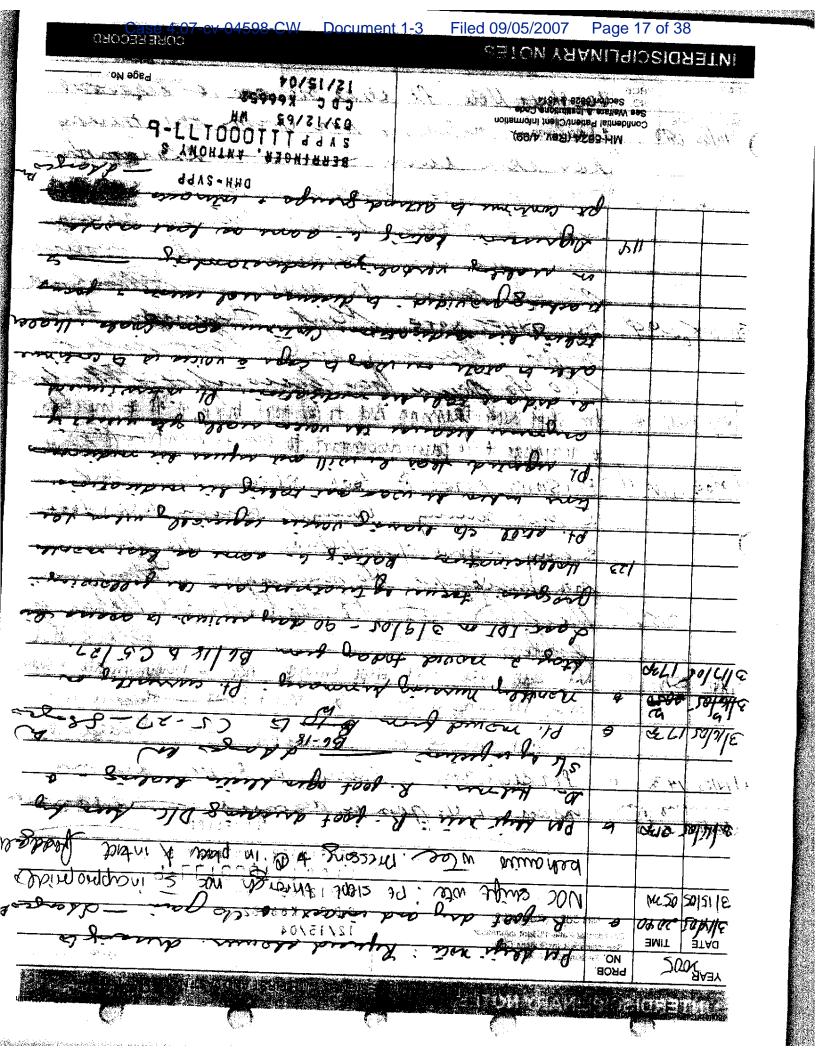
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Confidential Patient/Client Information See Welfare & Institutions Code Section 5328 & 4514

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Confidential Patient/Client Information See Welfare & Institutions Code Section 5028 & 4514

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Confidential Patient/Client Information See Welfare & Institutions Code Section 5328 & 4514

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Filed 09/05/2007

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– Case 4:07-cv-04598-CW

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STATE OF CALIFORNIA ARNOLD SCHWARZENEGGER, Governo.

GOVERNMENT CLAIMS PROGRAM
400 R Street, 5<sup>th</sup> Floor • Sacramento, California 96814
Malling Address: P.O. Box 3035 • Sacramento, California 95814
Toll Free Telephone Number 1-800-955-0045 • Fax Number: (915) 491-6443
Internet: www.vegeb.ca.gov

Chairperson
JOHN CHIANG
State Controller
Board Member
MICHAEL A. RAMOS
San Bernardino County District Attorney
Board Member
KAREN McGAGIN

State and Consumer Services Agency

**ROSARIO MARIN** 

**Executive Officer** 

Secretary

Anthony S Berringer K66652 PO Box 7500 Crescent City, CA 95532

June 08, 2007

RE: Claim G564174 for Anthony S Berringer, K66652

Dear Anthony Berringer,

Per your request, please find attached a copy of the letter regarding your claim G564174.

If you have questions about this matter, please mention letter reference 107 and claim number G564174 when you call or write your claim technician/analyst at (800) 955-0045.

Sincerely,

Government Claims Division
Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn: Donna Corbin

Ltr 107 Custom Text Letter

ALLERGIES: Ativan, Harldon & Improfor

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## PHYSICIAN'S ORDERS

CONFIDENTIAL PATIENT INFORMATION SEE CA W&I CODE 5328 SYPPILIDODITI-6

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MH 5624 (Rev. 4/99)

Confidential Patient/Client Information See Welfare & Institutions Code Section 5328 & 4514

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State of California-Health and Welfare Agency

Department of Mental Health

NOTE: SEND COPY OF PHYSICIAN'S ORDER TO PHARMACY AFTER EACH ORDER IS SIGNED.

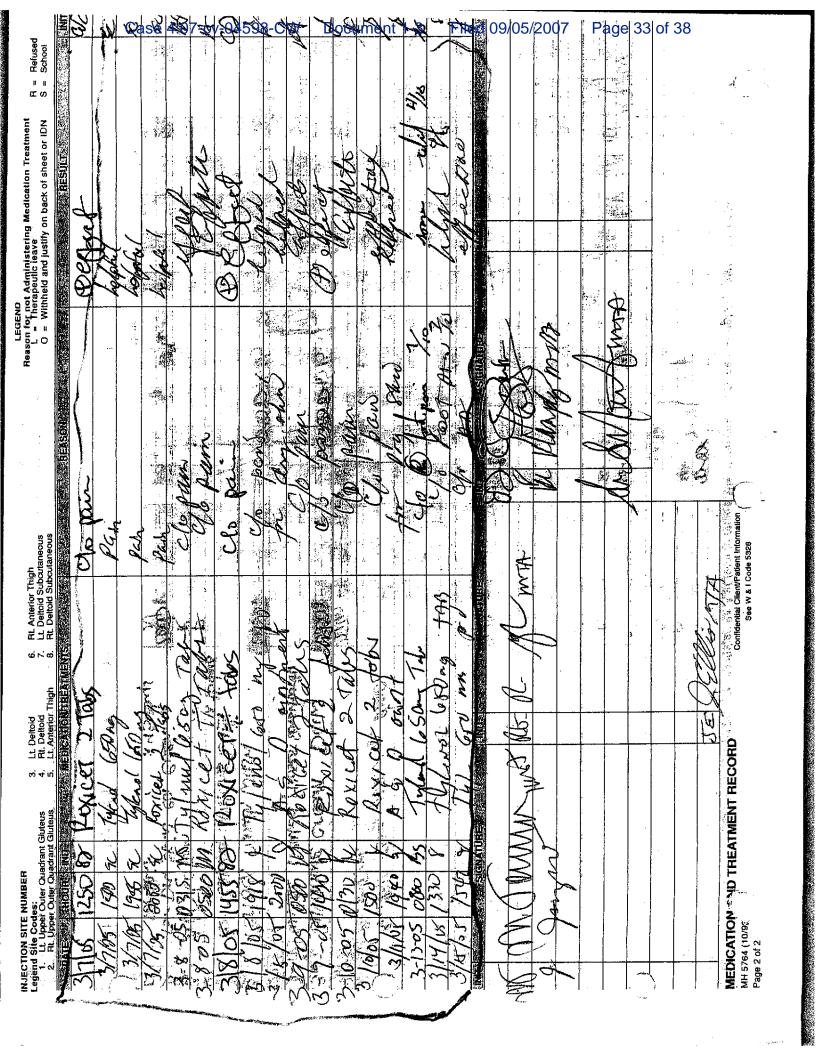
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## **PHYSICIAN'S ORDERS**

CONFIDENTIAL PATIENT INFORMATION SEE CA W&I CODE 5328

BERRINGER, ANTHONY B sypr111000177-6 03/12/65 la de Malan

MH 5660 (C) (5/91) SECTION 4000





STATE OF CALIFORNIA

ARNOLD SCHWARZENEGGER, Governor

VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD

GOVERNMENT CLAIMS DIVISION
P 0 80X 3035
SACRAMENTO, CALIFORNIA 95812-3035
Toll Free Number: 1-800-955-0046 Fax Number: (915) 323-5768
Internet www.vcgcb.ca.gov

ROSARIO MARIN Secretary State and Consumer Services Agency And Chairperson

> STEVE WESTLY State Controller State Controller's Office And Board Member

MICHAEL A. RAMOS San Bernardino County District Attorney Board Member

> KAREN McGAGIN Executive Officer

Anthony S Berringer K66652 PO Box 7500 Crescent City, CA 95532

December 01, 2006

RE: Claim G564174 for Anthony S Berringer, K66652 Tort claim for CDC Inmates, Late Claim

Dear Anthony Berringer,

The Victim Compensation and Government Claims Board (VCGCB) received your claim on October 26, 2006.

We have reviewed your claim and determined that the VCGCB has no jurisdiction to consider the claim for the following reason(s):

Your application for leave to present a late claim was filed more than one year from the date of the incident that is the basis of the claim.

The VCGCB will take no further action on your claim. If you have questions about this matter, please mention letter reference 97 and claim number G564174 when you call or write your claim technician/analyst at (800) 955-0045.

Sincerely,

Government Claims Division Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn: Donna Corbin

Ltr 97 No Jurisdiction





GOVERNMENT CLAIMS PROGRAM
400 R Street, 5<sup>th</sup> Floor • Sacramento, California 95814
Mailing Address: P.O. Box 3035 • Sacramento, California 95814
Toll Free Telephone Number 1-800-955-0045 • Fax Number: (916) 491-6443
Internet: <a href="https://www.yegeb.ca.gov">www.yegeb.ca.gov</a>

Anthony S Berringer K66652 PO Box 7500 Crescent City, CA 95532

June 08, 2007

RE: Claim G564174 for Anthony S Berringer, K66652

Dear Anthony Berringer,

Per your request, please find attached a copy of the letter regarding your claim G564174.

If you have questions about this matter, please mention letter reference 107 and claim number G564174 when you call or write your claim technician/analyst at (800) 955-0045.

Sincerely,

Government Claims Division
Victim Compensation and Government Claims Board

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Ltr 107 Custom Text Letter

ROSARIO MARIN
Secretary
State and Consumer Services Agency
Chairperson
JOHN CHIANG
State Controller
Board Member
MICHAEL A. RAMOS
an Bernardino County District Attorney

San Bernardino County District Attorney
Board Member

KAREN McGAGIN Executive Officer





State and Consumer Services Agency

San Bernardino County District Attorney

ROSARIO MARIN

Secretary

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State Controller Board Member MICHAEL A. RAMOS

**8oard Member** 

KAREN McGAGIN

**Executive Officer** 

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Ltr 107 Custom Text Letter

STATE OF CALIFORNIA

ARNOLD SCHWARZENEGGER, Governor

VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD

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ROSARIO MARIN Secretary State and Consumer Services Agency And Chairperson

Anthony S Berringer K66652 PO Box 7500 Crescent City, CA 95532 STEVE WESTLY
State Controller
State Controller's Office
And Board Member

December 01, 2006

MICHAEL A. RAMOS San Bernardino County District Attorney Board Member

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Sincerely,

Government Claims Division
Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn: Donna Corbin

Ltr 97 No Jurisdiction

State of California-Health and Human Services Agency

Department of Mental Health

DATE	TIME	NO.	ALL ENTRIES SHALL BE SIGNED WITH NAME AND TITLE
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Confidential Patient/Client Information See Welfare & Institutions Code Section 5328 & 4514

MH 5510 (Rev. 1/01)

DHH-SVPP

BERRINGER, ANTHONY S SYPP111000177-6

